

Reports and Data Requirements

The Kansas EDI reporting requirements were based on the IAIABC Release 1 Standards and developed to be consistent with the Kansas K-WC 1101-A Employers Report of Accident and Closed Claim Study reports. A crosswalk between each of these forms and the comparable IAIABC data requirements is provided. Management may use the crosswalks to assess the great similarity of scope and specific data requirements between the previous and EDI reporting requirements. Business and Technical staff will find that the crosswalks are very helpful in accessing potential office and system differences.

Kansas Reports to IAIABC Data Crosswalks

The Crosswalk between Kansas reports and IAIABC requirements are provided in a three-column table format. The left column references the data section of the Employers Report of Accident and the data sequence of the Closed Claim Study respectively. The middle column provides the name of the Kansas data element. The right column provides the IAIABC data equivalent or other pertinent information as follows.

Not all the pre-EDI Kansas Report data elements are included in the EDI Reports. These data elements will contain a note "Not available in Release 1" instead of an IAIABC DN# reference. In some situations, existing and new data requirements have similar intent and usage but are not direct equivalents. These data elements are labeled "Substitute" or "Sub" and may also contain a note concerning how that information is derived in the left column. The new requirements include three data elements that are not present on the pre-EDI Kansas Forms: DN 0005 Agency Claim Number, assigned by KDWC, DN0073 Claim Status (open/closed), and DN 0074 Claim Type (medical only/indemnity) to identify, match, and qualify a Claim and EDI reports respectively.

K-WC 1101-A Employers Report of Injury Crosswalk

Kansas Division of Workers Compensation K-WC 1101-A to Release 1 Data Elements

K-WC 1101-A Item Number	K-WC 1101-A Field Name	IAIABC EDI Release 1 FROI (unless designated SROI) Data Element Number & Name
Report Header	Employer's Report of Accident	DN02 Maintenance Type Code
Report Header	OSHA Case Number	Not Available in Release 1
Report Header	Date hired	DN61 Employee Date of Hire
1	Federal Employers ID Number	DN16 Employer FEIN
2	Name of Employer	DN18 Employer Name
	Employer Telephone Number	Not Available in Release 1
3	Mailing Address: Street	Not available in Release 1
		Not available in Release 1
	Mailing Address: City	Not available in Release 1
	Mailing Address: State	Not available in Release 1
	Mailing Address: Zip Code	Not available in Release 1
4	Location if Different from Mailing Address	DN19 Employer Address (Line 1)
		DN20 Employer Address (Line2)
		DN21 Employer City
		DN22 Employer State
		DN23 Employer Postal Code
5	Nature of Business: Narrative	Not Available in Release 1
	Nature of Business: SIC Code	DN25 Employer SIC Code (See Note)
	Nature of Business: Dept. or Division	Not Available in Release 1
6	Name of Employee: First	DN44 Employee First Name
	Name of Employee: Middle	DN45 Employee Middle Name/Initial
	Name of Employee: Last	DN43 Employee Last Name
	Age (of Employee)	Not Available in Release 1 Derived from 1101-A Employee Date of Birth below
	Sex (of Employee)	DN53 Employee Gender Code
7	Employee Home Address: Street	DN46 Employee Primary Address
	Employee Home Address: Street	DN47 Employee Secondary Address
	Employee Home Address: City	DN48 Employee City
	Employee Home Address: State	DN49 Employee State Code
	Employee Home Address: Zip Code	DN50 Employee Postal Code

K-WC 1101-A Item Number	K-WC 1101-A Field Name	IAIABC EDI Release 1 FROI (unless designated SROI) Data Element Number & Name
8	Employee Social Security Number	DN42 Employee SSN (FROI/SROI)
	Employee Birth Date	DN52 Employee Date of Birth
	Employee's Occupation	DN60 Occupation Description
	Employee's Home Phone Number	DN51 Employee Phone Number
9	Date of Injury or Occupational Disease	DN31 Date of Injury (FROI/SROI)
	Time of Injury	DN32 Time of Injury
	Date Disability Began	DN56-Date Disability Began (FROI/SROI)
	Gross Average Weekly Wage	DN62 Average Wage (FROI/SROI)
		DN63 Wage Period Code (FROI/SROI)
10	Place of Accident City	When Employer's Premises Code is "Y" equal to: DN21 Employer City
	Place of Accident County	Not Available in Release 1
	Place of Accident State	When Employer's Premises Code is "Y" equal to: DN22 Employer State
		Substitute: DN33 Postal Code of Injury Site
11	Was Accident on Employer's Premises?	DN34 Employer Premises Indicator
12	How did the Accident Occur?	DN38 Accident Description
13	What was the Employee Doing when Injured?	
14	Name Substance or Object that Directly Caused Injury?	DN37 Cause of Injury Code
15	Describe in detail Nature and Extent of Injury,	DN35 Nature of Injury Code
	Indicate Part of Body involved	DN36 Part of Body Injured Code
16	Was Worker Admitted to hospital?	DN39 Initial Treatment Code "04"
16	Treated by Emergency room only?	DN39 Initial Treatment Code "02" or "03"
16	Hospital Name & Address	Not Available in Release 1
17	Name and Address of Attending Physician or clinic	Not Available in Release 1
18	Has Employee Returned to Regular Duty (Y/N)?	Not Available in Release 1 FROI Substitute DN0071 RTW without restrictions "1" or "5" (FROI/SROI)
	Has Employee Returned to Light Duty (Y/N)?	Not Available in Release 1 FROI Substitute DN0071 RTW with restrictions "2" or "6" (SROI)
	Date if applicable	DN68 Initial Return to Work Date DN0072 Date of Return/Release to Work Date (SROI)

K-WC 1101-A Item Number	K-WC 1101-A Field Name	IAIABC EDI Release 1 FROI (unless designated SROI) Data Element Number & Name
19	Is Compensation now being paid (Y/N)?	Not Available in Release 1 FROI Substitute DN0002 MTC Initial Payment (SROI)
	Date first/initial Payment	Not Available in Release 1 FROI Available DN003 MTC Date IP (SROI)
20	Weekly Compensation Rate	Not Available in Release 1 FROI Substitute D0087 Payment/Adjustment Weekly Amount (SROI)
	Is further medical aid needed?	Not Available in Release 1 FROI Substitute: DN39 Initial Treatment "05"
21	Did Employee Die (Y/N)?	Not Available in Release 1 FROI Derived from Date of Death
	Date of Death	DN57 Employee Date of Death
22	Name and Address of Dependents (Death Cases only)	Not Available in Release 1 FROI Substitute: DN55 Number of Dependents (FROI/SROI)
23	Insurance Carrier	DN07 Insurer Name
	Third Party Administrator	DN09 Third Party Administrator Name
23	Insurance Carrier and Third Party Administrator Address: Street	DN10 Claim Administrator Address Line 1
	Insurance Carrier and Third Party Administrator Address: Street	DN11 Claim Administrator Address Line 2
	Insurance Carrier and Third Party Administrator Address: City	DN12 Claim Administrator City
	Insurance Carrier and Third Party Administrator Address: State	DN13 Claim Administrator State
	Insurance Carrier and Third Party Administrator Address: Postal Code	DN14 Claim Administrator Postal Code (FROI/SROI)
23	Policy Number	DN28 Policy/Contract Number
	Name of Agent	Not Available in Release 1
	Claim Number	DN15 Claim Administrator Claim Number (FROI/SROI)
	Name of Claim Representative	Not Available in Release 1
24	Date of Report	DN03 Maintenance Type Code Date (FROI/SROI)
	Completed by	Not Available in Release 1
	Title	Not Available in Release 1
Not on KS 1101-A		DN05 Agency Claim Number (FROI/SROI)
		DN74 Claim Type (SROI)

Note: KDWC accepts the SIC and 1997 & 2002
NAICS Codes

Kansas Closed Claims Study Crosswalk

Kansas Division of Workers Compensation Claims Study Crosswalk (CCS) to Release 1 Data Elements

Closed Claims Study Field Number	Closed Claims Study Field Name	IAIABC EDI Release 1 SROI (unless designated FROI) Data Element Number & Name
0	Filler (Carrier Name)	DN07 Insurer Name (FROI)
1	Carrier Code	Not Available in Release 1
2	Policy Number	DN28 Policy Number (FROI)
3	Policy Effective Date	DN29 Policy Effective Date (FROI)
4	Claim Number	DN15 Claim Administrator Claim Number (FROI/SROI)
5	Report Type	DN02 Maintenance Type Code (FROI/SROI)
6	Transaction Code	DN02 Maintenance Type Code (FROI/SROI)
7	State of Jurisdiction	DN04 Jurisdiction (FROI/SROI)
8	State of Accident	Not Available in Release 1 Approximated by Postal Code of Injury Site below
9	Date Reported to Insurer	Not Available in Release 1 Substitute DN41 Date Reported to Claim Administrator (FROI)
10	Employee SSN	DN42 Social Security Number (FROI/SROI)
11	Employer Federal Tax No.	DN16 Employer FEIN (FROI)
12	Employer SIC Code	DN25 Industry Code (See Note) (FROI)
13	Employer Payroll	Not Available in Release 1
14	Zip Code of Injury Site	DN33 Postal Code of Injury Site (FROI)
15	Employee Name-Last	DN43 Employee Last Name (FROI)
15	Employee Name- First	DN44 Employee First Name (FROI)
16	Sex of Injured Worker	DN53 Gender Code (FROI)
17	Marital Status	DN54 Marital Status Code (FROI)
18	Date of Birth	DN52 Employee Date of Birth (FROI)
19	Date of Hire	DN61 Date of Hire (FROI)
20	Filler	N/A
21	Employment Status	DN58 Employment Status Code (FROI)
22	Accident Date	DN31 Date of Injury (FROI/SROI)
23	Class Code	DN59 Class Code (FROI)
24	Part of Body	DN36 Part of Body Injured Code (FROI)
25	Nature of Injury	DN35 Nature of Injury Code (FROI)
26	Cause of Injury	DN37 Cause of Injury Code (FROI)
27	Loss Condition Code	Not Available in Release 1
28	Filler	N/A
29	Pre-Injury Weekly Wage	DN62 Wage (FROI/SROI)
		DN63 Wage Period (FROI/SROI)
30	Method of Determining Wage	Not Available in Release 1
31	Other Weekly Payments	Not Available in Release 1

Closed Claims Study		IAIABC EDI Release 1 SROI (unless designated FROI)
Field Number	Field Name	Data Element Number & Name
32	Date reported to Employer	DN40 Date Reported to Employer (FROI)
33	Surgery	Not Available in Release 1 Substitute DN39 Initial Treatment Code "4" or "5" (FROI)
34	Claim Status	DN73 Claim Status
35	Date of Closing	DN03 Maintenance Type Code Date (when MTC = FN)
36	Date of First Payment	DN03 Maintenance Type Code Date (when MTC = IP)
37	Date Disability Began	DN56 Date Disability Began (FROI/SROI)
38	Date of Return to Work	DN68 Date of Return to Work (FROI) DN72 Date of Return/Release to Work
39	Total Incurred Indemnity	Not Available in Release 1 Substitute: Total individual Indemnity Benefit Type Amounts
40	Injury Type	DN85 Payment/Adjustment Code
41	Benefits Paid to Date	DN86 Payment/Adjustment Paid to Date
42	Weekly Benefit	DN87 Payment/Adjustment Weekly Amount
43	Injury Type	DN85 Payment/Adjustment Code
44	Benefits Paid to Date	DN86 Payment/Adjustment Paid to Date
45	Weekly Benefit	DN87 Payment/Adjustment Weekly Amount
46	Injury Type	DN85 Payment/Adjustment Code
47	Benefits Paid to Date	DN86 Payment/Adjustment Paid to Date
48	Weekly Benefit	DN87 Payment/Adjustment Weekly Amount
49	Injury Type	DN85 Payment/Adjustment Code
50	Benefits Paid to Date	DN86 Payment/Adjustment Paid to Date
51	Weekly Benefit	DN87 Payment/Adjustment Weekly Amount
52	Injury Type	DN85 Payment/Adjustment Code
53	Benefits Paid to Date	DN86 Payment/Adjustment Paid to Date
54	Weekly Benefit	DN87 Payment/Adjustment Weekly Amount
55	Total Incurred Vocational Rehabilitation	Not Available in Release 1 Substitute: Total individual Vocational Rehabilitation Benefit Type Amounts
56	Vocational Rehabilitation Evaluation Expenses to Date	DN95 Paid to Date Code "380"
		DN96 Paid to Date Amount
57	Vocational Rehabilitation Maintenance Benefits to Date	DN85 Payment/Adjustment Code "410" & "541"
		DN86 Payment/Adjustment Paid to Date Amount
58	Vocational Rehabilitation Educational Expenses to Date	DN95 Paid to Date Code "390"
		DN96 Paid to Date Amount
59	Other Vocational Rehabilitation Expenses to Date	DN95 Paid to Date Code "400"
		DN96 Paid to Date Amount
60	Total Incurred Medical	Not Available in Release 1 Substitute: Total individual Medical Benefit Type Amounts
61	Hospital Costs Paid to Date	DN95 Paid to Date Code "360"
		DN96 Paid to Date Amount

Closed Claims Study		IAIABC EDI Release 1 SROI (unless designated FROI)
Field Number	Field Name	Data Element Number & Name
62	Total Payments to Physicians	DN95 Paid to Date Code "350"
		DN96 Paid to Date Amount
63	Other Medical Paid to Date	DN95 Paid to Date Code "370"
		DN96 Paid to Date Amount
64	Post-Injury Weekly Wage	Not Available in Release 1
65	Percentage of Impairment	DN84 Permanent Impairment Percentage
66	Date of Maximum Medical Improvement	DN70 Date of Maximum Medical Improvement
67	Funeral Expenses Paid to Date	DN95 Paid to Date Code "300"
		DN96 Paid to Date Amount
68	Lump Sum Settlement Amount	DN85 Payment/Adjustment Code "500 series codes"
		DN86 Payment/Adjustment Paid to Date
69	Filler	N/A
70	Attorney or Authorized Rep	DN76 Date of Representation
71	Converted Case	Not Available in Release 1
72	Deductible	Not Available in Release 1
73	Product Liability	Not Available in Release 1
74	Automobile Liability	Not Available in Release 1
75	Other Liability	Not Available in Release 1
76	Employer Legal Expenses Paid to Date	DN95 Paid to Date Code "330"
		DN96 Paid to Date Amount
77	Claimant Legal Expenses Paid to Date	DN95 Paid to Date Code "340"
		DN96 Paid to Date Amount
78	Expert Witness Fees Paid to Date	DN95 Paid to Date Code "420"
		DN96 Paid to Date Amount
79	Penalties Paid to Date	DN95 Paid to Date Code "310"
		DN96 Paid to Date Amount
80	Allocated Loss Adjustment Expenses Paid to Date	Not Available in Release 1
81	Social Security (Benefit Adjustment) Y/N	Not Available in Release 1 Substitute not requested
		DN92 Benefit Adjustment Code "R" or "S"
		DN93 Benefit Adjustment Weekly Amount
82	Unemployment (Benefit Adjustment) Y/N	Not Available in Release 1 Substitute NOT requested
		DN92 Benefit Adjustment Code
		DN93 Benefit Adjustment Weekly Amount
83	Pension Plan (Benefit Adjustment) Y/N	Not Available in Release 1 Substitute NOT requested
		DN92 Benefit Adjustment Code "E"
		DN93 Benefit Adjustment Weekly Amount
84	Special Fund (Recovery) Y/N	Not Available in Release 1 Substitute requested:
		DN95 Paid to Date Recoveries Code "800"
		DN96 Paid to Date Recoveries Amount

Closed Claims Study		IAIABC EDI Release 1 SROI (unless designated FROI)
Field Number	Field Name	Data Element Number & Name
85	Other (Recovery) Y/N	Not Available in Release 1 Substitute requested
		DN95 Paid to Date Recoveries Code "810/820/830/840"
		DN96 Paid to Date Recoveries Amount
86	Managed Care Original Indicator	Not Available in Release 1

Note: KDWC accepts the SIC and 1997 & 2002 NAICS Codes

Pre-EDI Kansas Reports

The K-WC 1101-A Employers Report of Accident and the Closed Claim Study reports have been modified to reference the corresponding IAIABC Standards' Data Number **(DN#)**. Definitions for these elements can be found in the [IAIABC E.D.I. Release 1 Implementation Guide](#). Refer to the K-WC 1101-A crosswalk to IAIABC data requirements for additional information.



DIVISION OF WORKERS COMPENSATION
KS DEPT OF HUMAN RESOURCES
800 SW JACKSON ST STE 600
TOPEKA KS 66612-1227

EMPLOYER'S REPORT OF ACCIDENT (DN02)

**Submit
original
report only**

OSHA CASE OR FILE NUMBER _____

Date hired **DN61**

There is a \$250 penalty for failure to file Accident Reports within 28 days of the employer's receipt of knowledge of the accident.

DO NOT WRITE
IN THIS SPACE

READ INSTRUCTIONS BEFORE FILLING IT OUT.

1. Federal Employers Identification Number DN16		AGE
2. Name of Employer DN17 or DN18 Telephone Number _____		
3. Mailing Address DN19, DN20, DN21, DN22 & DN23 Street _____ City _____ State _____ Zip Code _____		
4. Location, if different from mailing address DN19, DN20, DN21, DN22 & DN23 Street _____ City _____ State _____ Zip Code _____		OD Y N
5. Nature of Business _____ S.I.C. Code DN25 Dept. or Division _____		
6. Name of Employee DN43, DN44, & DN45 Age _____ Sex DN53 First _____ Middle _____ Last _____		CAUSE
7. Home Address DN46, DN47, DN48, DN49, & DN50 Street _____ City _____ State _____ Zip Code _____		
8. Soc. Sec. # DN42 Birth Date DN52 Employee's Occupation DN60 Home Phone Number DN51		
9. Date of Injury or Occupational Disease DN31 Time of Injury DN32 <input type="checkbox"/> AM <input type="checkbox"/> PM Date Disability Began DN56 Gross Average Weekly Wage \$ DN62 & DN63		NATURE
10. Place of Accident or Last Exposure _____ City _____ County _____ State _____		
11. Was accident or last exposure on employer's premises <input type="checkbox"/> YES <input type="checkbox"/> NO DN34		SEVERITY 0 - NO TIME LOST 1 - TIME LOST 2 - MEDICAL 3 - FATAL
12. How did accident occur? DN38		
13. What was employee doing when injured? DN38		
14. Name substance or object that directly caused injury DN37		SOURCE
15. Describe in detail nature and extent of injury, indicate part of body involved DN35 & DN36		
16. Was worker admitted to hospital? <input type="checkbox"/> YES <input type="checkbox"/> NO DN39 Treated by emergency room only? <input type="checkbox"/> YES <input type="checkbox"/> NO Hospital name & address _____		MEMBER
17. Name and address of attending physician or clinic _____		
18. Has employee returned to regular duty? <input type="checkbox"/> YES <input type="checkbox"/> NO Light Duty? <input type="checkbox"/> YES <input type="checkbox"/> NO Date DN68		
19. Is compensation now being paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Date first/initial payment DN02 & DN03 when MTC is IP		DO NOT WRITE IN THIS SPACE
20. Weekly compensation rate \$ _____ Is further medical aid needed? <input type="checkbox"/> YES <input type="checkbox"/> NO DN39		
21. Did employee die? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, give date of death DN57 (File amended report within 28 days if death subsequently occurs.)		
22. Name and address of dependents (death cases only) DN55		
23. Insurance Carrier and Third Party Administrator DN07 or DN09 Address DN10, DN11, DN12, DN13, & DN14 Street _____ City _____ State _____ Zip Code _____ Phone _____ Policy Number DN28 Name of Agent _____ Claim Number DN15 Name of Claim Representative _____		
24. Date of Report DN03 Completed by _____ Title _____		

Kansas Closed Claims Study Record Layout

0	1-58	Filler	58	Enter blanks.
1	59-63	Carrier Code	5	Mandatory. Select from Table 0--Carrier Code in the Data Dictionary Appendix.
2	64-81	Policy Number	18	Mandatory. Do not enter blanks, punctuation marks or special characters.
3	82-89	Policy Effective Date	8	Mandatory. Format YYYYMMDD. Do not enter blanks, hyphens or slashes.
4	90-107	Claim Number	18	Mandatory. Do not enter blanks, punctuation marks or special characters.
5	108	Report Type	1	Mandatory. Enter last digit of sample year from which claims are being collected, e.g. "1" for claims sampled from 2001.
6	109	Transaction Code	1	Mandatory.
				1. Detail.(Now referred to as Original Detail)
				2. Revised (NO LONGER REQUIRED)
				3. Correction.
7	110-111	State of Jurisdiction	2	Mandatory. Enter "15".
8	112-113	State of Accident	2	Mandatory. Select from Data Dictionary Appendix Table 2.
9	114-121	Date Reported to Insurer	8	Mandatory. Format YYYYMMDD. Do not enter blanks, hyphens, or slashes.
10	122-130	Employee SSN	9	Mandatory. Do not enter blanks, hyphens, or alpha characters.
No-Ref.-Number	131-132	Filler	2	Enter Blanks.
11	133-141	Employer Federal Tax No.	9	Mandatory. Do not enter blanks, hyphens, or alpha characters.
12	142-145	Employer SIC Code	4	Mandatory. Select from the Standard Industrial Classification Manual (1987).
13	146	Employer Payroll	1	Mandatory. 1=\$0
				2=\$1-\$100,000
				3=\$1000,001-\$1,000,000
				4=\$1,000,001-\$10,000,000
				5=Over \$10,000,000
14	147-151	Zip Code of Injury Site	5	Optional. If no entry, leave blank.
15	152-157	Employee Name-Last	6	Mandatory. First 6 characters of last name.
15	158	Employee Name- First	1	Mandatory. First character of first name.
16	159	Sex of Injured Worker	1	Mandatory. 1- Male
				2- Female
				3- Unknown
17	160	Marital Status	1	Mandatory. 1- Single, Divorced or Widowed
				2-Married
				3- Separated
				4- Unknown
18	161-168	Date of Birth	8	Mandatory. Format YYYYMMDD.
19	169-176	Date of Hire	8	Mandatory. Format YYYYMMDD.
20	177-178	Filler	2	Enter blanks.
21	179	Employment Status	1	Optional. If no entry, leave blank.
				1-Regular Employee
				2-Part-Time Employee
				3-Unemployed
				4-On Strike

				5-Disabled
				6-Retired
				7-Other
				8-Seasonal Worker
				9-Volunteer Worker
				A-Apprenticeship- Full Time
				B-Apprenticeship- Part Time
				C-Piece Worker
22	180-187	Accident Date	8	Mandatory. Format YYYYMMDD. Do not enter blanks, hyphens, or slashes.
23	188-191	Class Code	4	Optional. Refer to the "Basic Manual for Workers Compensation and Employers Liability Insurance" for code. If no entry, leave blank.
24	192-193	Part of Body	2	Mandatory. Select from Data Dictionary Appendix Table 7.
25	194-195	Nature of Injury	2	Mandatory. Select from Data Dictionary Appendix Table 8.
26	196-197	Cause of Injury	2	Mandatory. Select from Data Dictionary Appendix Table 9.
27	198-207	Loss Condition Code	10	Mandatory. Enter "01" as the first 2 characters. The remaining 8 characters are not required-see Data Dictionary for instructions. Left justify-blank filled.
28	208-209	Filler	2	Enter blanks.
29	210-214	Pre-Injury Weekly Wage	5	Mandatory. Enter whole dollar amount. Do not enter "\$" or decimal point. Right justify-zero filled.
30	215	Method of Determining Wage	1	Mandatory. 1-Actual
				2-Estimated
				3-Min. Weekly Ben.
				4-Max Weekly Ben.
31	216-220	Other Weekly Payments	5	Conditional. Enter whole dollar amount. Do not enter "\$" or decimal point. If there are no other weekly payments enter "00000". Right justify-zero filled.
32	221-228	Date reported to Employer	8	Mandatory. Format YYYYMMDD. Do not enter blanks, hyphens, or slashes.
33	229	Surgery	1	Mandatory. 1-Yes
				2-No
34	230	Claim Status	1	Mandatory. 0-Open
				1-Closed
				2-Reopened
35	231-238	Date of Closing	8	Conditional. If Field #34 Claim Status =1 enter date of closing, else leave blank. Format YYYYMMDD. Do not enter hyphens or slashes.
36	239-246	Date of First Payment	8	Conditional. If no entry, leave blank. Format YYYYMMDD. Do not enter hyphens or slashes.
37	247-254	Date Disability Began	8	Conditional. If no entry, leave blank. Format YYYYMMDD. Do not enter hyphens or slashes.
38	255-262	Date of Return to Work	8	Conditional. If no entry, leave blank. Format YYYYMMDD. Do not enter hyphens or slashes.
39	263-270	Total Incurred Indemnity	8	Mandatory. Enter whole dollar amount. Do not enter "\$" or decimal point. Right justify-zero filled.

40	271-272	Injury Type	2	Mandatory. Select from Data Dictionary Appendix Table 12B.
41	273-279	Benefits Paid to Date	7	Conditional. If no entry, enter "0000000". Right justify-zero filled.
42	280-284	Weekly Benefit	5	Conditional. If no entry, enter "00000". Right justify-zero filled.
43	285-286	Injury Type	2	Conditional. If no entry, enter blanks.
44	287-293	Benefits Paid to Date	7	Conditional. If no entry, enter "0000000". Right justify-zero filled.
45	294-298	Weekly Benefit	5	Conditional. If no entry, enter "00000". Right justify-zero filled.
46	299-300	Injury Type	2	Conditional. If no entry, enter blanks.
47	301-307	Benefits Paid to Date	7	Conditional. If no entry, enter "0000000". Right justify-zero filled.
48	308-312	Weekly Benefit	5	Conditional. If no entry, enter "00000". Right justify-zero filled.
49	313-314	Injury Type	2	Conditional. If no entry, enter blanks.
50	315-321	Benefits Paid to Date	7	Conditional. If no entry, enter "0000000". Right justify-zero filled.
51	322-326	Weekly Benefit	5	Conditional. If no entry, enter "00000". Right justify-zero filled.
52	327-328	Injury Type	2	Conditional. If no entry, enter blanks.
53	329-335	Benefits Paid to Date	7	Conditional. If no entry, enter "0000000". Right justify-zero filled.
54	336-340	Weekly Benefit	5	Conditional. If no entry, enter "00000". Right justify-zero filled.
55	341-348	Total Incurred Vocational Rehabilitation	8	Conditional. Enter whole dollar amount. Do not enter "\$" or decimal point. If there are no paid or reserve Vocational Rehabilitation expenses enter "0000000". Right justify-zero filled.
56	349-355	Vocational Rehabilitation Evaluation Expenses to Date	7	Conditional. Enter whole dollar amount. Do not enter "\$" or decimal point. If there are no Evaluation expenses paid to date enter "000000". Right justify-zero filled.
57	356-362	Vocational Rehabilitation Maintenance Benefits to Date	7	Conditional. Enter whole dollar amount. Do not enter "\$" or decimal point. If there are no Maintenance Benefits paid to date enter "000000". Right justify-zero filled.
58	363-369	Vocational Rehabilitation Educational Expenses to Date	7	Conditional. Enter whole dollar amount. Do not enter "\$" or decimal point. If there are no Educational expenses paid to date enter "000000". Right justify-zero filled.
59	370-376	Other Vocational Rehabilitation Expenses to Date	7	Conditional. Enter whole dollar amount. Do not enter "\$" or decimal point. If there are no other expenses paid to date enter "000000". Right justify-zero filled.
60	377-384	Total Incurred Medical	8	Mandatory. Enter whole dollar amount. Do not enter "\$" or decimal point.
61	385-391	Hospital Costs Paid to Date	7	Conditional. Enter whole dollar amount. Do not enter "\$" or decimal point. If there are no hospital expenses paid to date enter "000000". Right justify-zero filled.
62	392-398	Total Payments to Physicians	7	Conditional. Enter whole dollar amount. Do not enter "\$" or decimal point. If there are no physicians expenses paid to date enter "000000". Right justify-zero filled.

63	399-405	Other Medical Paid to Date	7	Conditional. Enter whole dollar amount. Do not enter "\$" or decimal point. If there are no other expenses paid to date enter "000000". Right justify-zero filled.
64	406-410	Post-Injury Weekly Wage	5	Conditional. Enter whole dollar amount. Do not enter "\$" or decimal point. If there is no post-injury weekly wage, enter "000000". Right justify-zero filled.
65	411-413	Percentage of Impairment	3	Conditional. Entry required if any Injury Type (Fields 40,43,46,49, or 52): is equal to 02, 03 or 04 or Field #34 claim status=1. Do not enter decimal point. Else "000". Right justify-zero filled.
66	414-421	Date of Maximum Medical Improvement	8	Conditional. If no entry enter blanks. Format YYYYMMDD.
67	422-427	Funeral Expenses Paid to Date	6	Conditional. Entry required if Injury Type (Fields 40,43,46,49, or 52) is equal to 01. Do not enter "\$" or decimal point. If there are no funeral expenses paid to date enter "000000". Right justify-zero filled.
68	428-435	Lump Sum Settlement Amount	8	Conditional. If no entry enter "0000000". Right justify-zero filled.
69	436-443	Filler	8	Enter blanks.
70	444	Attorney or Authorized Rep	1	Mandatory. 1=Yes 2=No.
71	445	Controverted Case	1	Mandatory. 1=Yes 2=No.
72	446	Deductible	1	Mandatory. 0=No Deductible, 1=Deductible amount fully recovered for net reporting. 2=Deductible amount NOT fully recovered for net reporting.
73	447-453	Product Liability	7	Conditional. If no entry enter "0000000". Right justify-zero filled.
74	454-460	Automobile Liability	7	Conditional. If no entry enter "0000000". Right justify-zero filled.
75	461-467	Other Liability	7	Conditional. If no entry enter "0000000". Right justify-zero filled.
76	468-474	Employer Legal Expenses Paid to Date	7	Conditional. If no entry enter "0000000". Right justify-zero filled.
77	475-481	Claimant Legal Expenses Paid to Date	7	Conditional. If no entry enter "0000000". Right justify-zero filled.
78	482-487	Expert Witness Fees Paid to Date	6	Conditional. If no entry enter "0000000". Right justify-zero filled.
79	488-493	Penalties Paid to Date	6	Conditional. If no entry enter "0000000". Right justify-zero filled.
80	494-501	Allocated Loss Adjustment Expenses Paid to Date	8	Conditional. If no entry enter "0000000". Right justify-zero filled.
81	502	Social Security	1	Mandatory. 1=Yes 2=No
82	503	Unemployment	1	Mandatory. 1=Yes 2=No
83	504	Pension Plan	1	Mandatory. 1=Yes 2=No
84	505	Special	1	Mandatory. 1=Yes 2=No
85	506	Other	1	Mandatory. 1=Yes 2=No
86	507-508	Managed Care Organization Indicator	2	Mandatory. Select from codes listed under Data Dictionary Field #86.

EDI Reports and Claim Events

The industry standards for State Reporting were developed by considering how state oversight and compliance requirements are accomplished in the claim administrator claim handling processes. As such, the IAABC EDI standards relate state EDI Reporting requirements to claim processing events. Each report or transaction is named for the claim event it represents: Initial Payment, Denial, Suspensions, Partial Suspensions, Reinstatements, Acquired Claim, etc. Each report is also assigned a Maintenance Type Code (MTC) to meet the technical processing requirements. Report names and MTC code are used interchangeably throughout this guide. Release 1 provides for approximately forty claim administration events (MTCs). Kansas State Reporting uses all six of the available First Report (FROI) MTCs and only ten of the available Subsequent Report (SROI) MTCs, listed below.

First Reports:

Original First Report of Injury (00),

Denial (04)

Acquired Unallocated (AU)

Cancel (01)

Change (02)

Correction (CO)

Subsequent Reports:

Initial Payment (IP) or Equivalents:

- * Acquired Payment (AP).
- * Full Salary (FS)
- * Compensable Death (CD)
- * Denial (04)

Final (FN)

Annual (AN)

Change (02)

Correction (CO)

Upon Request (UR)

A typical Kansas indemnity claim will usually only require the three bolded reports above plus “Correction” reports for reports submitted with errors and “Change” reports when specified claim information changes. The remaining reports use the same FROI and SROI records and contain comparable data requirements. These reports are submitted when Kansas requires that a different claim event is to be reported.

For example:

- * When a claim is acquired, it is submitted using an “Acquired Unallocated” (AU) report instead of an “Original” FROI (00). Identifying the claim as an acquired claim allows Kansas to relax the data requirements.
- * When a claimant has died and the initial payment can not be made because a dependent has not been identified, it is submitted as a “Compensable Death” (CD) report. An “Initial Payment” (IP) is submitted when benefits are paid to a dependent or the state.

Claim Event Narratives

The Kansas Claim Event Narrative Tables provide claim management with a quick synopsis of each of the Kansas reportable claim events. They identify what dictates when a claim event is reportable and when that report is due. Separate tables are provided for FROI and SROI reports. Each Row represents a type of report (MTC). Each report is presented in a four column format table format containing from left to right: Claim Event MTC, Claim Event Name, Event Report Action, and When the Event is due.



**KANSAS DIVISION OF WORKERS COMPENSATION
EDI CLAIM EVENT NARRATIVE
IAIABC Release I First and Subsequent Reports**

REPORT TYPE	MTC	MTC DESCRIPTION	EVENT	TIME REPORT IS DUE
148	00	Original	The original/initial first report is being reported. This includes replacement of a first report that was rejected due to a critical error.	Within 28 days of knowledge of work related injury or illness "sufficient wholly or partially to incapacitate the person injured from labor or service for more than the remainder of the day, shift or turn on which such injuries were sustained" (K.S.A. 44-557)
	00	Original (CCS Alternative) (Legacy Claim Rpt.)	An EDI First Report filed by First Year CCS study participants in lieu of the CCS original or detail report.	Within 5 days of May 25 of the first year reporting CCS using the IAIABC First Report (00) for CCS Study designated claims.
	04	Denial	The denial of an entire claim is being reported. Please note: A denial may be the first report.	Within 5 days from the time the claims administrator determines that the claim is to be denied.
	AU	Acquired/ Unallocated	The acquisition of a claim from the prior claims administrator is being reported.	Within 21 days from the time the claims administrator becomes aware of the need to notify KDWC that a claim has been acquired.
	01	Cancel	The first report, sent in error, is being cancelled.	Within 5 days from the time the claims administrator becomes aware of the need to retract a previously submitted original report of injury/illness.
	02	Change	A change to previously submitted match data, report data, or to meet Original reporting requirements prior to submission of the FN or AN, is being reported.	Within 5 days from the time the claims administrator becomes aware that previously reported first report data has changed.
	CO	Correction	A correction in response to an acknowledgement of non-critical errors is being reported.	Within 5 days from the time the claims administrator notified by KDWC of error.
REPORT TYPE	MTC	MTC DESCRIPTION	EVENT	TIME REPORT IS DUE
A49	IP	Initial Payment	The first payment of indemnity benefits by the claims administrator is being reported.	Within 5 days following the initial payment of indemnity benefits.
	04	Denial	The denial of an entire claim is being reported.	Within 5 days of determination by claims administrator that the claim will be denied.
	AP	Acquired Payment	The first payment of indemnity benefits by the new acquiring claims administrator is being reported.	Within 5 days following the initial payment of indemnity benefits.
	FS	Full Salary	The first payment of the injured worker's salary in lieu of compensation by the employer is being reported.	Within 5 days following the initial payment of the injured worker's salary in lieu of compensation.
	CD	Compensable Death	The obligation to pay benefits for an injured worker who died as a result of a covered injury, pending beneficiary investigation is being reported.	Within 5 days of the claim administrator's knowledge of death of injured worker.
	FN	Final	A claim was closed and is being reported.	Within 5 days following the close of any claim. Note: A Medical Only Claim that has not been reported as a SROI will not require a Final to be filed.
	AN	Annual (CCS Alternative)	An annual report filed by First Year OCC study participants in lieu of the CCS report.	Within 10 days of June 1 of the first year reporting CCS using the IAIABC Annual Report (AN) for CCS Study designated claims.
	AN	Annual (Medical Only)	An annual report.	Within 10 days of the designated June 1 date to report all Medical Claims closed the previous year.
	AN	Annual (Indemnity)	An annual report.	Within 10 days of the designated June 1 date to report all Indemnity Claims closed the previous year with payments or recoveries made after closing.
	02	Change	A change to previously submitted subsequent report data is being reported.	Within 5 days from the time the claims administrator becomes aware that previously reported subsequent report data has changed.
	CO	Correction	A correction in response to an acknowledgement of non-critical errors is being reported.	Within 5 days from the time the claims administrator notified by KDWC of error.
	UR	Upon Request	A specific request for claim information is being reported. (Often used to recover from technical or business problems affecting reporting)	To be determined upon mutual agreement between trading partners.

Claim Event Tables

The Kansas Claim Event Tables provide the specific business details required of each of the Event Narratives to assist in planning, managing, or to automate your EDI reporting process. A separate table is provided for FROI and SROI reports. Each Row represents a single type of report. Each report MTC is presented in a thirteen-column table format beginning with Claim Event MTC, Claim Event Name and includes information such as report triggers for the "Initial Payment", "Final", and "Annual" reports.

Please see the IAIBC Release 1 Guide describing how to read and use this table.

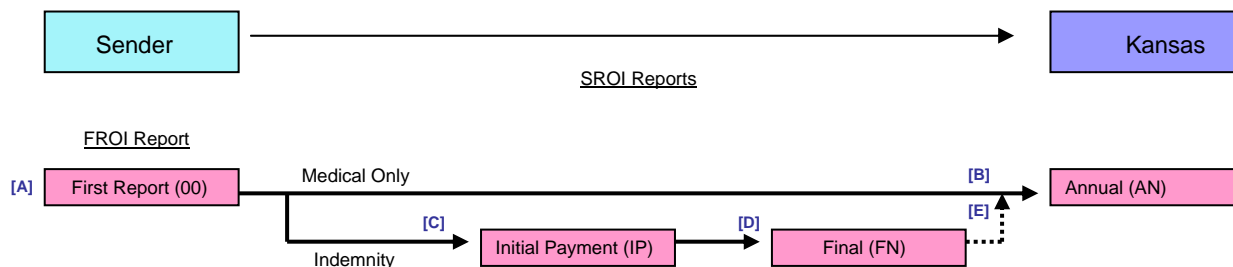


**KANSAS DIVISION OF WORKERS COMPENSATION
EDI CLAIM EVENT TABLE
IAIABC Release I First and Subsequent Reports**

REPORT TYPE	MTC	MTC DESCRIPTION	PRODUCTION LEVEL INDICATOR	IMPLEMENTATION DATE		REPORT TRIGGER CRITERIA	REPORT TRIGGER VALUE	Condition	REPORT LIMIT #	REPORT REQUIREMENT CRITERIA	EFFECTIVE DATE		REPORT DUE CRITERIA	VALUE
				FROM	THRU			Periodic Qual.			FROM	THRU		
148	00	Original	Production	1/1/2004		A = New Claim (See Event Narrative)	N/A			A = Date of Injury			C = Days from Employer Notification.	28 days
	00	Original (First Year OCC study participants only)	Production	1/1/2004		F=Formula Random Claim Selection Claim Type = Claim Status = Year Closed =	Indemnity Closed Previous Year			I = Calendar Date May 25, current year			± = Days from Required Calendar Date	5 days
	04	Denial	Production	1/1/2004		O = Maintenance Type Event	N/A						J = Days from Report Trigger	5 days
	AU	Acquired/Unallocated	Production	1/1/2004		O = Maintenance Type Event	N/A						J = Days from Report Trigger	21 days
	01	Cancel	Production	1/1/2004		O = Maintenance Type Event	N/A			* Date realized Original sent in error			J = Days from Report Trigger	5 days
	02	Change	Production	1/1/2004		O = Maintenance Type Event	* Change of Match Data * Change of previously reported data * Meet "00" Reqmnts. prior to FN/AN						J = Days from Report Trigger	5 days
	CO	Correction	Production	1/1/2004		O = Maintenance Type Event	N/A			* = Date "TE" Acknowledgement received			J = Days from Report Trigger	5 days
A49	IP	Initial Payment	Production	1/1/2004		O = Maintenance Type Event	L=Cumulative Indemnity > \$0.00			Required Timely * Recommended: 7 to 14 days after Waiting Period, or if applicable after acquiring claim.			G = Days from Initial Payment	5 days
	FS	Full Salary	Production	1/1/2004		O = Maintenance Type Event	N/A						J = Days from Report Trigger	5 days
	CD	Compensable Death - No Dependents/Payee	Production	1/1/2004		O = Maintenance Type Event							J = Days from Report Trigger	5 days
	AP	Acquired Payment (IP by new Claim Admin.)	Production	1/1/2004		O = Maintenance Type Event	L=Cumulative Indemnity > \$0.00 (By new Claim Admin.)						* = Days from Acquired Payment	5 days
	04	Denial	Production	1/1/2004		O = Maintenance Type Event	N/A						J = Days from Report Trigger	5 days
	FN	Final	Production	1/1/2004		O = Maintenance Type Event	N/A			* = Date Claim Status became Closed			J = Days from Report Trigger	5 days
	AN	Annual (First Year OCC study participants only)	Production	1/1/2004		F=Formula Random Claim Selection Claim Type = Claim Status = Year Closed =	(I) or (L) Indemnity (C) or (X) Closed Previous Year (2003)			I = Calendar Date June 1, current year			± = Days from Required Calendar Date	10 days
	AN	Annual (Medical Only)	Production	1/1/2005		F=Formula Claim Type = Claim Status = Year Closed =	(M) or (B) Med Only (C) or (X) Closed Previous Year		1	I = Calendar Date June 1, current year			± = Days from Required Calendar Date	10 days
	AN	Annual (Indemnity)	Production	1/1/2005		F=Formula Claim Type = Claim Status = Year Closed =	(I) or (L) Indemnity (C) or (X) Closed Previous Year	Payments or recoveries made after closing.	1	I = Calendar Date June 1, current year			± = Days from Required Calendar Date	10 days
	UR	Upon Request	TBD	TBD						TBD			TBD	TBD
	02	Change	Production	1/1/2004		O = Maintenance Type Event	N/A						J = Days from Report Trigger	5 days
-	CO	Correction	Production	1/1/2004		O = Maintenance Type Event	N/A						J = Days from Report Trigger	5 days

Transaction Sequence Requirements

Typical EDI Report Sequencing



Typical EDI Reporting

The reporting sequence above will apply to most Kansas claims, is very simple, and is the basic sequence that applies to claims that require other reports and sequence considerations.

The typical Kansas EDI report sequence is as follows:

- [A] An "Original First Report" (00) is submitted.
- [B] If the claim remains Medical Only, submit an "Annual Report" (AN), June 1 of the following year.
- [C] If the Claim is an indemnity claim, submit an "Initial Payment Report" (IP) (timely).
- [D] When the Indemnity claim closes submit a "Final Report" (FN).
- [E] If recoveries or other payments are posted to the claim after a FN has been submitted to the state, submit an "Annual Report" (AN), June 1, of the following year.

- [K] If a denial is overturned, it is processed according to medical only or Indemnity sequencing requirements that apply.

SROI (IP) Equivalent Reports:

Reporting the initial payment, start of benefits on indemnity claims, is a common state requirement. It often identifies who is making the payment, or why payments are not being made at the designated time. The IAIABC Initial Payment equivalent reports include:

<u>Compensable Death</u> (CD)	(The notice that surviving dependents have not been identified at this time)
<u>Initial Payment</u> (IP)	(The claim administrator has made the first indemnity benefit payment on a claim.)
<u>Full Salary</u> (FS)	(The employer is continuing to pay wages in lieu of benefit payments)
<u>Acquired Payment</u> (AP)	(The acquiring claim administrator has made the first indemnity benefit payment on a claim.)
<u>Denial</u> (04)	(The declaration that a claim is not valid)

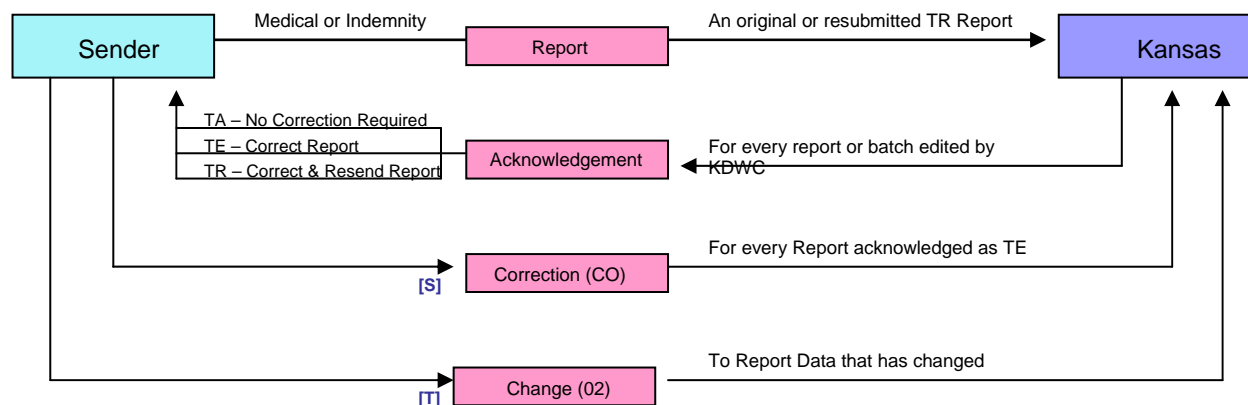
The deviation to the typical EDI reporting sequence is twofold:

- 1, Submit the IP equivalent report: IP, CD, FS, AP, or 04 appropriate to the claim.
2. Then submit additional IP equivalent reports as claim events dictate.

- [L] If a surviving dependent cannot be located by the time an indemnity benefit payment is due, submit the "Compensable Death Report" (CD).
- [M] If benefits are paid to a surviving dependent or to the state then submit the "Initial Payment," (IP) or Acquired Payment" (AP) report as appropriate.
- [N] If the payment of claim benefits was initially by the claim administrator and has been assumed by the employer, submit the "Full Salary Report (FS)."
- [O] If the payment of claim benefits was initially by the employer and has been assumed by the claim administrator, submit an "Initial Payment Report (IP)."
- [H] If the claim was acquired by another claim administrator, refer to the FROI Equivalent section above and submit the "Acquired Unallocated Report" (AU) [G]. If benefits are paid submit the "Acquired Payment Report" (AP).
- [B] If a FROI Original "00" identifying the claim as medical only and closed, submit "Annual Report" (AN) June, 1 of the following year.
- [E] If a claim reported with a FROI "Denial" or a SROI "Denial" identifying the claim as indemnity remains closed, no benefits due or paid, then do **not** submit an "Annual Report" June 1 the following year.
- [P] If a SROI Denial identifying the claim as indemnity is deemed that benefits are due, then submit the appropriate initial Payment equivalent report.
- [Q] If a claim is denied after indemnity benefits commenced, submit the "Denial Report" (04). If benefits resume, submit the "Full Salary" (FS) or "Initial Payment" (IP) reports only if they have not been previously reported.
- [D] Any claim that required submission of an "Initial Payment," "Acquired Payment," "Full Salary," or "Compensable Death Report" (CD) will require that a "Final Report" (FN) is submitted when the claim closes.
- [R] If recoveries are made or additional payments recorded after the "Final Report" (FN), and the claim remains closed, an "Annual Report" (AN) is submitted June 1 the following year.

The alternate EDI reporting sequence is simple. Administer the claim as you normally would and submit the corresponding Kansas EDI Report.

Acknowledgement, Correction, & Change Report Sequencing



Acknowledgement, Change & Corrections

Electronic Data Interchange is essentially re-engineering existing business process to replace labor intensive processes with faster automated processes. To achieve this objective, the EDI reporting process includes acknowledging receipt of the report and its editing status, plus the submission of corrections and changes.

IAIABC EDI requirements

When a claim administrator sends an EDI report to Kansas, Kansas applies report sequence, data present, and data quality edits to determine if the report is acceptable or if it contains errors that require correction. Kansas will send the claim administrator an acknowledgement that will identify the report as:

- (TA) Transaction Accepted – no errors noted
- (TE) Transaction Accepted - with errors to be corrected
- (TR) Transaction Rejected – report not accepted

- * A report acknowledged as (TA) transaction accepted without errors requires no further action by the sender.
- [S] A report acknowledged as (TE) transaction accepted with errors will require that the report is resubmitted as a "Correction Report" (CO) until it is acknowledged as (TA).
- * A report acknowledged as (TR) should be evaluated and corrected and resubmitted if appropriate. A (TR) may indicate that the report was a duplicate or reported out of sequence, did not match a previously submitted claim, critical data was missing, or other serious edit(s) failed. The section on edits provides specific information on all edits applied by Kansas.
- [T] Kansas also requires that a FROI or SROI "Change Report" (02) is submitted when specified report data such as claim identifiers, Claim Administrator Claim Number, or Employee Social Security Number, have changed. A "Change Report" (02) is also required when reports such as an "Acquired Unallocated" or "Denial Report" have been submitted. These reports have reduced data and edit requirements because it may be difficult for a claim administrator to provide the data required of an "Original First Report" (00) at that time. The "Change Report" (02) will include the same requirements of the "Original First Report" (00) and must be submitted prior to closing.

CCS Reporting using IAIABC Standards Report Sequencing



CCS Reporting Using IAIABC Standards Report Sequencing

The Kansas EDI reporting described in the preceding report sequence sections will replace the Kansas Closed Claim Study as designated CCS survey sample claim administrators migrate to EDI reporting. The first year a CCS survey sample claim administrator participates in the EDI program will require an additional reporting requirement. Claim Administrators who are included in the annual Closed Claim Study may suspend reporting of the CCS Report, if the following conditions are met:

1. They are authorized to report using EDI requirements (Production Status).
2. They submit a number of EDI “First report of Injury” (00) and “Annual” (AN) Reports equal to the number of requested CCS claims.
3. The Final Reports submitted in place of the CCS claims were open for at least one day in the prior year, and closed in that year.
4. They have scheduled, and received confirmation from KDWC to send the required 00 & AN reports.
5. They implement EDI sufficiently in advance to accomplish the above before the CCS May report due date.
 - Please note: Once a claim administrator implements EDI and has met their CCS reporting quota that year, it will not be necessary to submit CCS reports again if EDI reporting requirements are met.

The voluntary EDI reporting program is forward going. Subsequent reports, SROIs are only required of claims that were reported as “First Reports” in the EDI format. The first year an EDI participant who is also part of the CCS survey will be required to submit a “First Report” for each CCS claim required of them. This is done to create the claim in the new Kansas EDI data base and to acquire first report data elements that are not present in the IAIABC Annual report.

Please note that these reporting requirements **only apply the first year** a claim administrator participates in both the CCS and EDI programs.

Please note that only the “First” (00) and “Annual” (AN) reports will be required on first year CCS claims filed using IAIABC EDI standards.



IMPORTANT IMPLEMENTATION NOTE: The IAIABC EDI Reporting Process was developed to meet diverse jurisdiction reporting requirements. Therefore the specifications include numerous reports (MTCs) and the Transaction Sequence Requirements must account for all possible transactions. Kansas only requires a subset of the available reports. This does not change the order in which events naturally occur. It only reduces the number of events that are reportable to KDWC. KDWC will Reject any Report not required by KDWC.

KDWC encourages claim administrators to recognize that other states will not require every transaction and that similar perceived Transaction Sequence conflicts will arise. It is suggested that administrators revisit their EDI process and augment it as follows. Program your system with IAIABC requirements. When a claim event, such as issuance of an Initial Payment (IP) occurs, perform it as scheduled. However, before submitting the corresponding Transaction (MTC), check the jurisdiction’s report requirements. If the Report (MTC) is required, send it and continue processing as per the acknowledgement it yields. If the Report (MTC) is not required, post your EDI management system so that the requirement has been satisfied to allow any Transaction Sequence Rules dependent on previous submission of that Report to function normally for all states.

Simplified Report Selection Guide

Use the instructions in bold italics to identify when a claim event is reported to KDWC and what IAIABC Report (MTC) to submit.

Simplified Report Selection Guide				
What Report (MTC) to Use If This Occurs		And This Specific Situation Applies:	Use This MTC	To Submit This Report
1	A New Claim	If First Report to a Jurisdiction by a Claim Administrator If Full First Report to a Jurisdiction by Acquiring Claim Administrator If First Report to a Jurisdiction by a Claim Administrator is a full denial	00 AU 04	Original Acquired / Unallocated Denial
2	Canceling a Claim	If First Report sent in error (Claim will no longer exist in that jurisdiction)	01	Cancel
3	Initial continuing benefits are NOT being paid	If injured worker died and payments pending investigation to determine dependents or payees	CD	Compensable Death
4	Denying Claim	If Claim Administrator denies Claim	04	Denial
5	Initial continuing benefits ARE being paid	If Employer paying salary in lieu of comp (1 per claim) If initiated by Claim Administrator (1 per claim) If initiated by Acquiring Claim Administrator (may include accrued lump sum due) (1 per claim)	FS IP AP	Full Salary Initial Payment Acquired Payment
6	Claim Closing	If all benefits being paid have been suspended or denied and no future payments anticipated	FN	Final
7	Periodic information request	If a medical only closed the previous year, or an indemnity claim closed the previous year that had financial information posted after the closing.	AN	Annual
8	State Special Data Request	A State request's a claim specific or broader scope data requirements, within the IAIABC specifications, to assist their implementation, resolve an EDI production problem, or study	UR	Upon Request
9	Change	If jurisdiction designated data has changed, and another claim event does not apply	02	Change
10	Correction	If responding to a transaction acknowledged with errors #1	CO	Correction
#1	Correction is defined as responding to incorrectly reported data value. Data such as telephone number or dates, days paid, etc., may be corrected by replacing data values in a "Correction" transaction. Incorrect benefit and check information is often corrected by applying adjustments or credits which is not reported in a "Correction" transaction.			

Data Element Requirements for FROI and SROI Reports

The data required to be reported is based on the business event. Data Requirements are referred to and expressed as MCOs: Mandatory, Conditional, or Optional.

- **Mandatory** indicates the data element must be present in the transaction or else the transaction is incomplete and will be rejected. Mandatory data includes data that is necessary to process the claim from a technical or business standpoint. For example,
 - A claim missing a Claim Administrator Claim Number or Insurer FEIN will not allow the claim to be matched to the KDWC database, or matched to the Insurer database or trading partner table.
 - Missing Date of Injury, Nature of Injury, or Part of Body codes may prohibit statistical analysis.
- **Conditional** indicates the data element must be present in the transaction if a stated condition applies. If the condition applies the data element is treated as “Mandatory,” otherwise the data element is not required. For example,
 - Date of Death if the injured worker is deceased
 - If Payment Adjustment Code is *Conditional*. It is required if the Payment Adjustment Code is equal to 010, death benefits, then Date of Death and Number of Dependents are mandatory data elements.
- **Optional** indicates the data element is not required by KDWC. If *Optional* data is provided it will be edited and potentially used by KDWC. *Optional* data that fails KDWC edits will not result in an error to be corrected nor affect the trading partner’s Data Quality report. For Example,
 - Marital Status is *Optional*. It is not required and providing that data, even if incorrect will not result in a required correction.
- **Blank** (no entry) indicates the data element is not required nor used by KDWC. If *Blank* data is provided it will be not be edited or used by KDWC nor will not result in an error to be corrected or affect the trading partner’s Data Quality report. For Example,
 - Insured Report Number is *Blank*. It is not required and providing that data, even if incorrect will not result in a required correction.

Application of MCO Designations

The Element Requirement Tables identify KDWC requirements by “Report” as M, C, O, or blank as above. Several factors determine the MCO designations for each report. The data is needed to:

- Process a report. Example: Transaction Set ID, Maintenance Type Code.
- Meet technical requirements. Example: Number of Permanent Impairments.
- Create a claim or match a report to a claim. Example: claim numbers & identifiers.
- Meet KDWC reporting requirements.

M, C, O, or blank is assigned according to these criteria and in consideration of the availability of the data for a specific report. For example, a “Cancel,” “Denial,” or “Acquired” report contain fewer requirements than the comparable “Original First Report.”

“Correction” and “Change” reports also designate data requirements as M, C, O, or blank. These reports are sent in response to other specific and previously submitted Reports, and therefore their requirements reflect the M, C, O, or blank requirements of those reports they are correcting or changing. The “Correction Report” requirements depend on the report being corrected, and the “Change Report” must pass the current values of all previously submitted data; or must provide required data not previously sent.

“Correction Report” If a DN is “Required” {mandatory or true conditional statement} for the FROI or SROI report being Corrected then it is also required of the respective FROI or SROI Correction.

“Change Report” If Match Data or data previously submitted changes then that data is required on the Change Report.

If the FROI submitted to KDWC is Acquired Unallocated (AU) or Denial (04) then the Change (02) requirements will equal the Original (00) requirements once the Initial Payment (IP), Full Salary (FS), or Acquired Payment (AP) has been submitted.

Condition Statements

The respective Condition Statements are provided below each section of Kansas First Report of Injury (FROI) and Subsequent Report of Injury (SROI) Reports Data Element Requirements Tables that follow.